NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: _____

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	-	Total
	Sm./Lg.				Sm. Entry	Lg Entry		
Basic Filing Fee	201/101					690	.	
Total Claims >20	203/103	3	-20 = ___	X	___	___	.	___
Independent Claims >3	202/102	2	-3 = ___	X	___	___	.	___
Mult. Dep Claim Present	204/104					___	.	___
Surcharge	205/105	.			___	130	.	___
English Translation	139							___

TOTAL FEE CALCULATION   ___

Fees due upon filing the application.

Total Filing Fees Due = $ _____820_____

Less Filing Fees Submitted   . $ _____

BALANCE DUE   = $ _____820_____

_____
Office of Initial Patent Examination

Figure 7

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

09/495751

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	2 minus 20=	*
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY TYPE ☐ **OR OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
	345.00	OR		690.00
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	690

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

SMALL ENTITY OR OTHER THAN SMALL ENTITY

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.